

# ORDER FOR SUPPLIES OR SERVICES

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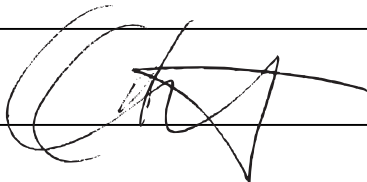
**IMPORTANT: Mark all packages and papers with contract and/or order numbers.**

1. DATE OF ORDER 06/21/2004		2. CONTRACT NO. (If any)		6. SHIP TO: Jean Barile	
3. ORDER NO. DTMA1N04066		4. REQUISITION/REFERENCE NO. PR600040090		a. NAME OF CONSIGNEE DOT/Maritime Administration, MAR-611	
5. ISSUING OFFICE (Address correspondence to)  DOT/Maritime Administration, MAR-380 400 Seventh Street, SW., Room 7310  Washington DC 20590				b. STREET ADDRESS 400 Seventh Street, SW., Room 2119	
				c. CITY Washington	d. STATE DC
				e. ZIP CODE 20590	
7. TO: a. NAME OF CONTRACTOR				f. SHIP VIA	
b. COMPANY NAME Software Artisans Inc				8. TYPE OF ORDER	
c. STREET ADDRESS 1330 Beacon St., Suite 400				<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: DTMA1N04066  Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY Brookline		e. STATE MA		<input type="checkbox"/> b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
9. ACCOUNTING AND APPROPRIATION DATA - 69 - X4303 - 9 - 04 - 30 - - 40TECO - 160000 - - 254T - 04 - 3000 - 461 - - -				10. REQUISITIONING OFFICE DOT/Maritime Administration, MAR-611	
11. BUSINESS CLASSIFICATION (Check appropriate box(es))					
<input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED					
12. F.O.B. POINT Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)  07/08/2004	
13. PLACE OF				16. DISCOUNT TERMS	
a. INSPECTION		b. ACCEPTANCE		10 days % 20 days % 30 days % 30 days %	

## 17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)		QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	SEE LINE ITEM DETAIL						
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOT. (Cont. pages)
	21. MAIL INVOICE TO: John G. Hoban						
	a. NAME DOT/Maritime Administration, MAR-330						
	b. STREET ADDRESS (or P.O. Box) 400 Seventh Street, SW., Room 7325					\$319.00	17(i) GRAND TOTAL
	c. CITY Washington		d. STATE DC	e. ZIP CODE 20590			

22. UNITED STATES OF AMERICA BY (Signature)



23. NAME (Typed)  
Carolyn Knight  
TITLE: CONTRACTING/ORDERING OFFICER

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## RECEIVING REPORT

SHIPMENT	PARTIAL		DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP.	DATE
NUMBER	FINAL				
TOTAL CONTAINERS	GROSS WEIGHT		RECEIVED AT	TITLE	

[illegible]

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DATE OF ORDER	06/21/2004	CONTRACT NO.		ORDER NO.	DTMA1N04066
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<b>TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➡</b>		<b>\$319.00</b>
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